C-2

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Nelson L. Bruce,		COURT CASE NUMBER 2:22-cv-02211-BHH-MGB		i d
DEFENDANT PENTAGON FEDERAL CREDIT UNION et al.		TYPE OF PROCESS Civil		CLE
NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE O				MN
SERVE THE PRENTICE-HALL CORPORATION SYSTEM, INC (Reg	istered Age	ent for Defendant Tra	ans Union)	1
AT ADDRESS (Street or RFD, Apartment No., City: State and ZIP Code) 508 Meeting Street, West Columbia, South Carolina 29169				2
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW				~ \cdots
AD NOTICE OF SERVICE COFF TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	4	2
Nelson L. Bruce				-
c/o P.O. Box 3345		Number of parties to be served in this case	4	
Summerville, South Carolina 29484				
	Cl			
PECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITIN	NG SERVICE	(Include Business and A	liternate Addresses.	
ll Telephone Numbers, and Estimated Times Available for Service):			- 1	Fold
Contact in Companying Con Companying Decision 1 A and	·		<u> </u>	1014
Contact information for Service on Registered Agent (800) 683-4769				
Hours of Operation M-F from 9:00 a.m. to 4:30 p.m.				
March 4.				
gnature of Attorney other Originator requesting service on behalf of	TELEP	HONE NUMBER	DATE	-
California La Proper Defendant	843-	437-7901	1	
A BOALDAY R. A.			THEFT	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO			1	Ĭ
acknowledge receipt for the total umber of process indicated. Total Process District of District to Signature of Origin Serve	Authorized Ul	SMS Deputy or Clerk	Date	
an one USM 285 if more No.01 No.01 No.01	de.	/DOLM)	9/12	120
hereby certify and return that I have personally served. have legal evidence of service. In the individual, company, corporation, etc., at the address shown above on the on the individual.				
I hereby certify and return that I am unable to locate the individual, company, corporation, etc.	named above	(See remarks below)		
ame and title of individual served (if not shown above)			able age and discretion	1
Trey Williams	then residing in	defendant's usual plac	е	
ddress (complete only different than shown above)		Date Date	Time	
, , , , , , , , , , , , , , , , , , , ,		6 -		am
		4.21.52	4:30	∟ pm
		Signature of U.S. Ma	arshal or Deputy	
rvice Fee Total Mileage Charges Forwarding Fee Total Charges Advance Dep	nocite A	70	3 10	
I) w including endeavors)		Amount of Refund \$67.50		
65.00 FIX 625= (7) \$67.50 (8)				
EMARKS FWD TO LOIG- OPS DWSM TOILING	- 60	-30.00	7	
THIS PERSON IS AUTHORIZED TO ACCEPT PROCI	ESS	T13.		
ON BEHALF OF PERSON BEING SERVED!	_30			
STRIBLIT TO: 1. CLERK OF THE COURT				

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,

 Output

 Description: if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

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PLAINTIFF Nelson L. Bruce	COURT CASE NUMBER 2:22-cv-02211-BHH-MGB	
DEFENDANT PENTAGON FEDERAL CREDIT UNION et al.	TYPE OF PROCESS Civil	150C
NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DES	CRIPTION OF PROPERTY TO	O SEIZE OR CONDEMN
SERVE J CORPORATION SERVICE COMPANY (Registered Agent for Defer	ndant Equifax)	6
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		١,
508 Meeting Street, West Columbia, South Carolina 29169		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	4
Nelson L. Bruce 76/0 P.O. Box 3345 Summerville, South Carolina 29484	Number of parties to be served in this case	4
Sammer vine, Sodin Carolina 27404	Check for service on U.S.A.	
1-866-403-5272 Hours of Operation M-F from 9:00 a.m. to 4:30 p.m. Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF	· FELEPHONE NUMBER	DATE
Ribert Z. 1-200. DEFENDANT	843-437-7901	THIS LINE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more whan one USM 285 is submitted) Total Process District of Origin No. No. No. District to Serve No.	zed USMs Deputy or Clark	Date 9/12/20
hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have in the individual, company, corporation, etc., at the address shown above on the on the individual, compa	executed as shown in "Remarks ny, corporation, etc. shown at the	s", the process described ne address inserted below
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named	above (See remarks below)	
Name and title of individual served (if not shown above)		able age and discretion defendant's usual place
Address (complete only different than shown above)	Date 9-21-22	Time Dam pm
	Signature of U.S. Ma	arshal or Deputy
Total Mileage Charges including endeavors; HX.625= C5.00 R2.50 Total Mileage Charges Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marsh. (Amount of Refund*)	7.50
THIS PERSON IS AUTHORIZED TO ACCEPT PROCESS ON BEHALF OF EARSON BEING SERVED!	Pls.	

- DISTRIBUTE TO: 1 CLERK OF THE COURT 2 USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*. To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Nelson L. Bruce			BER IH-MGB	
DEFENDANT PENTAGON FEDERAL CREDIT UNION et al.		TYPE OF PROCESS Civil	TYPE OF PROCESS	
NAME OF INDI	VIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR I	DESCRIPTION OF PROPERTY T	O SEIZE OR CONDEMN	
	ATION SYSTEM (Registered Agent for Defendant B	Experian)		
	et or RFD, Apartment No., City, State and ZIP Code)			
	Court, Suite 103, Columbia, South Carolina 29223			
		Number of process to be served with this Form 285	7:5	
Nelson L. Bruce c/o P.O. Box 3345 Summerville, South Carolina 29484		Number of parties to be served in this case	4	
		Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OT All Telephone Numbers, and Estim	THER INFORMATION THAT WILL ASSIST IN EXPEDITING ated Times Available for Service):	SERVICE (<u>Include Business and</u>	Alternate Addresses.	
Contact information for Ser	vice on Registered Agent		Fold	
(864) 240-3302 Hours of Operation M-F fro				
Prainting				
ignature of Attorney other Originator requesting service on behalf of: PLAINTIFF TELEPHONE NUMBER		DATE		
Teleton ?	L. ITTOVEL DEFENDANT	843-437-7901	17 1 W.	
SPACE BELOW FOR	R USE OF U.S. MARSHAL ONLY DO N	NOT WRITE BELOV	THIS LINE	
I acknowledge receipt for the total number of process indicated.		horized USMS Deputy or Clerk	Date	
(Sign only for USM 285 if more than one USM 285 is submitted)	No.01 No.01 Chad	2 Sping	4/12/2	
on the individual, company, corpora	have personally served, have legal evidence of service, to have legal evidence of service, to have legal evidence of services, the address shown above on the on the individual, colors.	mpany, corporation, etc. shown at	is", the process described the address inserted below	
1 hereby certify and return that I	am unable to locate the individual, company, corporation, etc. name	ned above (See remarks below)		
then residing		A person of sui then residing in of abode	itable age and discretion defendant's usual place	
Address (complete only different than	shown above)	Date	Time	
		9-19-22	1135 □ pr	
Service Fee Total Mileage Ch	arges Forwarding Fee Total Charges Advance Deposit	Signature of U.S. M	arshal or Deputy	
including endeaver 5 (95.00) 21 X - 62 5 13.12	prs)	Amount of Refund*) Solution	78.127	
REMARKS: FWD TO	cola- ops Dusm Tolliver &	or ols		
THIS	PERSON IS AUTHORIZED TO ACCEPT PROCESS ON BEHALF OF PERSON BEING SERVED!	Si p 10.	MESING WESING	
I. CLERK OF 2. USMS REC 3. NOTICE OF 4. BILLING ST	THE COURT ORD SERVICE FATEMENT*: To be returned to the U.S. Marshal with payment.	PRIOR	EDITIONS MAY BE DSEC	
if any amour	it is owed. Please remit promptly payable to U.S. Marshal EDGMENT OF RECEIPT		Form USM- Rev. 1	